

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	UT	69607	2/2/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	TS	2175	3/2
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	4	5	11/11/01
2	1	1	11/01/01
3	2	2	11/02/01
4	3	3	11/03/01
5	4	4	11/04/01
6	5	5	11/05/01
7	6	6	11/06/01
8	7	7	11/07/01
9	8	8	11/08/01
10	9	9	11/09/01
11	10	10	11/10/01
12	11	11	11/11/01
13	12	12	11/12/01
14	13	13	11/13/01
15	14	14	11/14/01
16	15	15	11/15/01
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22	21	21	11/21/01
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If more than 150 claims or 10 actions  
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